Handbook for Providers of Healthy Kids Services

Chapter HK- 200
Policy and Procedures for Healthy Kids Services

Illinois Department of Public Aid

CHAPTER HK-200

HEALTHY KIDS SERVICES

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FOREWORD

PURPOSE

Each Year, the Illinois Department of Public Aid (Department) covers approximately one million children under the Department's Medical Programs and provides coverage for medical care of approximately 39 percent of Illinois' births. It is our goal to ensure that the highest quality health care is afforded to our most precious, yet most vulnerable resource, Illinois' children. Protecting and improving the health of Illinois' children is one of the State's highest priorities.

The Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) is the nation's largest preventive child health initiative. It is a comprehensive child health program that provides for initial and periodic examinations and medically necessary follow-up care. Illinois strives to ensure that children covered by the Department's Medical Programs receive preventive health screening services, including immunization and lead screening, through Illinois' EPSDT program, called *Healthy Kids*. It is our commitment to families to establish access to quality primary and preventive health care services at a level equal to the general population. A primary goal is to "put prevention into practice." Through partnership with you, Illinois' children can be provided with "a medical home" as further defined in the American Academy of Pediatrics(AAP) Policy Statement, for efficient, high quality health care, and receive needed referrals for health and health-related specialty care.

This Handbook for Providers of Healthy Kids Services, Chapter HK-200, specifically describes the components and frequency with which well-child screening services are to be performed under the *Healthy Kids* program. It also describes the EPSDT benefits available to the Department's Medical Program participants who are under the age of 21, as mandated by the Social Security Act.

The Handbook for Providers of Medical Services, Chapter 100, provides General Policy and Procedures. Chapter 100 describes provisions of the Medical Programs administered by the Department that apply generally.

A separate Chapter 200 is published for each type of provider or category of service. Provider handbooks that may be relevant to providers performing well-child medical screening services include, but may not be limited to:

Chapter 100	Handbook for Providers of Medical Services
A-200	Handbook for Physician
N-200	Handbook for Advanced Practice Nurse
S-200	Handbook for School-Based/Linked Health Clinics
L-200	Handbook for Providers of Laboratory Services
U-200	Handbook for Local Education Agencies

Some handbooks are available for downloading from the Department's website. As others are revised, those handbooks will also be available on the Department's website. Refer to Topic HK-207.91, Website Locations. Paper copies are available upon request. Requests for all handbooks may be directed to the Provider Participation Unit (PPU). Requests may be made by mail, e-mail or fax at:

e-mail: PPU@mail.idpa.state.il.us

Mail: Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

Fax: (217) 557-8800

This Handbook lists resources to assist providers and families in understanding the medical services and benefits offered by the Department.

For eligibility information, providers may call the Provider Eligibility Inquiry Hotline at 1-800-842-1461.

Families who have questions about the Department's medical programs may call 1-866-4-OUR-KIDS (1-866-468-7543) (TTY:1-877-204-1012).

Please join us in making the future of today's youth and tomorrow's leaders healthy and bright. Your medical interventions will make a difference -

Become an Active Provider in our Healthy Kids Programs

HK-200 BASIC PROVISIONS

HK-200.1 EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)

In Illinois, **Healthy Kids** is the preventive health screening (well-child/medical) portion of the EPSDT benefit. Individuals under age 21 who receive Medical Assistance benefits receive preventive health screening without patient co-payments (refer to the Chapter 100, Topics 114 and 114.1).

Section 1905(r) of the Social Security Act (Act), 42 USC 1396d(r), sets forth the basic requirements of EPSDT. Under EPSDT, **health screening, vision, hearing and dental services** are to be provided at intervals which meet reasonable standards of medical and dental practice. The Act requires that any service which is permitted to be covered under the Department's Medical Programs that is necessary to treat or ameliorate a defect, physical or mental illness, or a condition identified by a screen, must be covered (refer to Chapter 100, Topic 103.1).

The Department requires all preventive health screening services be delivered consistent with guidelines published by the Committee on Practice and Ambulatory Medicine; American Academy of Pediatrics (AAP) or the American Academy of Family Physicians (AAFP); the Advisory Committee on Immunization Practices (ACIP), and procedures and protocols established by the Illinois Department of Public Health (IDPH).

The EPSDT program consists of two, mutually supportive, operational goals, as federally required:

- Assuring the availability and accessibility of required health care resources, and
- Helping program participants and their parents use them, as requested.

EPSDT services must be provided in full compliance with applicable federal and state laws and regulations.

Medical guidelines, policy statements and current schedules and recommendations can be found on each professional group's website. Refer to Topic HK-207.91, for website information.

HK-200.2 EPSDT DEFINITION

Early: assessing a child's health early in life so that potential diseases and disabilities can be prevented or detected in their preliminary stages, when they are most effectively treated. (This means as early as possible in a child's life in the case of a family already receiving medical benefits or as soon as a child's eligibility has been established.)

Periodic: assessing a child's health at regular intervals in the child's life to assure continued healthy development. The Act requires periodicity schedules sufficient to assure that at least a minimum number of health examinations occur at critical points in a child's life, and that medically necessary interperiodic screens be provided.

Screening: preventive services utilizing special tests or standardized examinations in order to identify those children who require specialized intervention. Four categories of screenings covered under the program are: medical, vision, hearing and dental.

Diagnosis: This formal evaluation process results in a diagnosis or determination of the cause of an abnormal screening test, symptom or sign and recommendation for treatment. Diagnostic evaluation is required if a screening examination indicates the need for a more complete assessment of a child's health status.

Treatment: the provision of medical services needed to control, correct or lessen health problems, including care coordination for chronic conditions.

The Department encourages participants' continuity of care with a primary care provider who coordinates needed services and provides continuing comprehensive care in a Medical Home setting. These include:

- Preventive care (periodic health screening), including health supervision and anticipatory guidance;
- Diagnosis and treatment of acute and chronic illness - ambulatory and inpatient care;
- Care over an extended period of time;
- Identification of need for subspecialty consultation and referrals;
- Interaction with other involved health, social, environmental and educational entities; and
- Maintenance of a central medical record for all pertinent medical information.

HK-201 PROVIDER PARTICIPATION

HK-201.1 PARTICIPATION REQUIREMENTS

It is required that each provider enroll with the Department as a Medical Assistance Provider to be considered for participation and agree to all requirements listed in Chapter 100, Topic 101.1.

HK-201.11 MCH Primary Care Provider Agreement:

Increased reimbursement rates for selected maternal and child health (MCH) services are available to physicians who meet the criteria of, and sign the Department's MCH Primary Care Provider Agreement (DPA 3411A), in addition to being enrolled as a Medical Assistance Provider. Providers must meet the following participation requirements to enroll as a MCH Primary Care Provider:

- Maintain hospital admitting privileges;
- Provide periodic health screening and primary pediatric care as needed;
- Provide obstetrical care and delivery services as appropriate to the provider's speciality;
- Perform risk assessment for pregnant women and children;
- Maintain 24-hour telephone coverage for consultation including ensuring that "sick" children and "at-risk" pregnant women are treated as needed, based on a triage of need;
- Schedule diagnostic consultation and specialty visits as appropriate;
- Provide adequate equal access to medical care for participants; and
- Communicate with the case management entity.

For information about provider enrollment or to receive handbooks for the Department's Medical Programs, refer to the address, fax number and e-mail address located on page 200 (vi).

HK-201.12 Other Provider Types That May Bill Healthy Kids Services

In order to bill the Department and be reimbursed for Healthy Kids Services, providers are to be enrolled with the Department as a category of service 30 provider. This includes, but may not be limited to Certified Local Health Department, School-Based/Linked Health Centers, Local Education Agencies, FQHCs, RHCs and other outpatient clinics.

A separate handbook is available for each type of provider or category of service.

Information specific to Certified Local Health Departments in relation to well-child screening services is contained within this Handbook for Providers of

Healthy Kids Services, with specific text highlighted within a shadowed box.

Information contained in a regular text box will apply to all providers.

HK-201.2 PARTICIPATION APPROVAL

When participation is approved, the provider will receive a computer-generated notification, the Provider Information Sheet, listing all data being carried on the Department's computer files. The provider is to review this information for accuracy immediately upon receipt. For an explanation of the entries on the form, refer to Handbook for Physicians, Appendix A-7.

If all information is correct, the provider retains the Provider Information Sheet for subsequent use in completing claims (billing statements) to ensure that all identifying information required is an exact match to that in the Department file. If any of the information is incorrect, refer to Topic HK-201.4.

A change in ownership or corporate structure terminates current participation. New ownership or corporate structure requires new enrollment.

HK-201.3 PARTICIPATION DENIAL

Written notification to a provider of denial of an application will include the reason for the denial. Within ten days after such notice, the provider may request a hearing. The request must be in writing and must contain a brief statement as to the basis upon which the Department's action is being challenged. If such a request is not received within ten days, or is received but later withdrawn, the Department's decision shall be a final and binding administrative determination. Department rules concerning the basis for denial of participation are set out in 89 Ill. Adm. Code 140.14. Department rules concerning the administrative hearing process are set out in 89 Ill. Adm. Code 104 Subpart C.

HK-201.4 PROVIDER FILE MAINTENANCE

The information carried in Department files for participating providers must be maintained on a current basis. The provider and the Department share responsibility for keeping the file updated.

Provider Responsibility:

The information contained on the Provider Information Sheet is that carried in the Department’s files. Each time the provider receives a Provider Information Sheet, it

is to be reviewed carefully for accuracy. Inasmuch as the Provider Information Sheet contains information to be used by the provider in the preparation of claims, any inaccuracies found must be corrected and the Department notified immediately. Any time a provider makes a change that causes information on the Provider Information Sheet to become invalid, the Department must be notified. When possible, notification should be made in advance of a change.

Procedure: The provider is to enter the correct data in the space below the error, sign and date the Provider Information Sheet in the space provided and forward the corrected Provider Information Sheet to the Department.

Anytime a provider effects a change to information on the Provider Information Sheet, the Department is to be notified in the same manner as indicated in the preceding paragraph. When possible, notification should be made in advance of a change, as a minimum of 30 days is needed to update Department files.

Failure of a provider to properly notify the Department of any corrections or changes, including the effective date of such changes, may cause an interruption in participation and payments.

Department Responsibility:

Whenever there is a change in a provider's enrollment status, an updated Provider Information Sheet will be generated indicating the change and the effective date. Confirmation of the requested change will be sent to the provider in the form of an updated Provider Information Sheet. Upon receipt of the corrected Provider Information Sheet, invoices may be submitted.

HK-202 PROVIDER REIMBURSEMENT

The Automated Voice Response System (AVRS) Provider Health Care Hotline for eligibility information (available 24 hours a day) can be reached at 1-800-842-1461.

- For billing assistance contact the Department's Bureau of Comprehensive Health Services at 217-782-5565.

- Other Department phone numbers can be found in the Forward to Chapter 100.

HK-202.1 CHARGES

Providers may bill the Department only after services have been provided. Charges for detailed services are at the provider's established usual and customary rate for the services provided. Covered services must be billed to the Department on the appropriate form (see Chapter 200 for the form and billing instructions for each specific provider type) or claims may also be submitted electronically.

Diagnosis Code(s):

Refer to the most current International Classification of Diseases 9th Revision, Clinical Modification 5th Edition (ICD-9-CM) for the description of the diagnosis code(s). When billing, enter the specific ICD-9-CM diagnosis code without entering the decimal point, (e.g., V20.2 should be entered as V202). When billing the Evaluation and Management Code, or Preventive Medicine Code, it is recommended that the appropriate "V" diagnosis code be used for comprehensive medical screening, for example:

V 20	Health supervision of infant or child
V 20.2	Routine infant or child check
V 70.0	General medical examination
V 70.3	Other medical examination for administrative purposes adoption camp school admission sports competition
V 70.5	Health examination of defined sub-populations preschool children school children students
V70.9	Unspecified general medical examination

Procedure Code(s):

Refer to the *Current Procedural Terminology* (CPT) reference book for instructions on selecting an Evaluation and Management code consistent with the level of service provided. Effective with dates of service January 1, 2002 and forward, when billing the Preventive Medicine Services, use the appropriate "V" diagnosis code.

99381	New Patient (age under one year)
99382	New Patient (ages 1- 4 years)
99383	New Patient (ages 5-11 years)
99384	New Patient (ages 12-17 years)
99385	New Patient (ages 18 -20 years) or (for managed care organizations for age ages 21-39 years)
99391	Established patient (under one year)
99392	Established patient (ages 1- 4 years)
99393	Established patient (ages 5-11 years)
99394	Established patient (ages 12-17 years)
99395	Established patient (ages 18-20 years)
99431	Newborn care (history and examination)

For dates of service prior to January 1, 2002, use the state generated "W" codes for well-child screenings (CPT code 99431 was available prior to January 1, 2002). Refer to HK Appendix 8.

Comprehensive Health Screening:

Comprehensive health screening may occur when a child presents for an acute problem and providers are encouraged, whenever possible, to minimize "missed opportunities" to provide children with a comprehensive medical screening. When billing the Preventive Medicine Services, the following minimum components are to be included:

- A comprehensive health and developmental history (including assessment of both physical and mental health development and nutritional assessment);
- A comprehensive unclothed physical examination;
- Appropriate immunizations according to age and health history;
- Laboratory tests (including blood lead assessment appropriate for age and risk factors); and
- Health education (including anticipatory guidance).

This package of five elements constitutes a full screening. Providers may bill the Department for additional required component parts of the screening by using the appropriate CPT code(s). Such components are listed below.

- Immunizations - use the appropriate CPT code for the specific vaccine given.

- Vision Screening - use the appropriate CPT code for the vision screening service when a separate objective vision screening is provided (refer to Topic HK-203.61).
- Hearing Screening - use the appropriate CPT code for the hearing screening service when a separate objective hearing screening is provided (refer to Topic HK-203.62).
- Lead Screening - use the appropriate lead screening code for the blood lead analysis or, if the provider performs only the blood draw with shipment of the blood specimen to IDPH for analysis, use the state generated 'W' code, W7375 (no CPT code has been assigned) (refer to Topic HK-203.31).
- Laboratory Services - use the appropriate CPT laboratory code, appropriate for analysis performed and CLIA certification (refer to Topic HK-203.3).

Note: Providers of laboratory services must be in compliance with the Clinical Laboratory Improvements Amendment (CLIA) Act. For more information refer to the Handbook for Physicians, Topic 222.1. The Department's laboratory policy and additional information regarding compliance with CLIA can be found in that document.

- Developmental Screening - use the CPT code for developmental screening, based on whether the recognized developmental screening using a standardized developmental instrument meets the criteria of "developmental testing; limited"
  (CPT code 96110, e.g, Denver Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report) or
  "developmental testing; extended"
  (CPT code 96111, includes assessment of motor, language, social, adaptive and cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report).
- Risk Assessment - use the appropriate CPT code for administration and interpretation of a health assessment instrument (refer to Topic HK-203.8).

Refer to HK Appendix 8 for a table that identifies the previous state-generated "W" codes and the most appropriate CPT equivalent, effective 01/01/02, for consideration by the provider.

HK-202.2 ELECTRONIC CLAIMS SUBMITTAL

Any services which do not require attachments or accompanying documentation may be billed electronically. The specifications for billing are found in Chapter 100, Topic 112.3.

Providers should take special note of the requirement that Form DPA 194-M-C, Billing Certification Form, must be signed and retained by the provider for a period of three years. Failure to do so may result in revocation of the provider's right to bill electronically, recovery of monies, or other adverse actions (refer to Chapter 100, Topic 130.5 for further details).

Please note that the specifications for electronic claims billing are not the same as those for paper invoices. Please follow the instructions for the media being used. If a problem occurs with electronic billing, providers should contact the Department in the same manner as would be applicable to a paper claim. It may be necessary for providers to contact their software vendor if the Department determines that the service rejections are being caused by the submission of incorrect or invalid data.

HK-202.3 CLAIMS PREPARATION AND SUBMITTAL

Refer to Chapter 100, Topic 112, for general policy and procedures regarding claim submittal.

HK-202.4 PAYMENT

Payment made by the Department for allowable services provided to eligible participants is based on the individual provider's usual and customary fees, within the limitations established by the Department. The payment made is the lesser of the provider's charge or the maximum established by the Department. The Department's maximum reimbursement rates are available on the Department's website.

Payments made by the Department to providers for services to eligible participants are considered payment in full. If a provider accepts the patient as a Medical Programs participant, the provider may not charge eligible participants for co-payments, participation fees, deductibles, completing forms, or any other form of patient cost-sharing, except as specifically allowed in Chapter 100, Topics 113 and 114.

HK- 202.41 FEE-FOR-SERVICE

Most of the participants in the Department's Medical Programs receive their services from enrolled providers under a fee-for-service arrangement between the Department and participating providers. Fee-for-service refers to a payment methodology for services provided in hospital outpatient and office settings.

HK- 202.42 MANAGED CARE

The Department operates a voluntary managed care program in three Illinois counties: Cook, St. Clair, and Madison. Program participants from certain eligibility categories may elect to receive their health care from a Managed Care Organization (MCO) under contract with the Department (children in the legal custody of the Illinois Department of Children and Family Services [DCFS] are not enrolled in managed care). An MCO may be a Health Maintenance Organization (HMO) or Managed Care Community Network (MCCN). Under managed care, health services are prepaid, based on a per member, per month capitation. The MCO is responsible for providing or arranging and reimbursing for all covered services, as defined in their contract with the Department. Participants enrolled in MCOs will receive medical cards with the following message:

MANAGED CARE ENROLLEE(S): Services may require payment authorization.

For more information about MCOs, refer to Chapter 100, Topic 105 and General Appendix 11 (for a list of the MCO contractors).

Many providers in Cook County, St. Clair, and Madison Counties (and the surrounding areas) participate in both the fee-for-service program and contract with one or more MCOs to provide health care services to the MCO's enrollees.

HK-203 COVERED SERVICES

HK-203.1 WELL-CHILD EXAMINATION

Four categories of screening services covered under the program are: **medical/health, vision, hearing and dental**. Screening components are described in the sections to follow. Unless otherwise specified, the source document for the recommendations herein are taken from the *Recommendations for Preventive Pediatric Health Care,* published by the Committee on Practice and Ambulatory Medicine, in consultation with national committees and sections of the AAP and the AAP's Policy Statement(s) and treatment guidelines published by IDPH or the Illinois Department of Human Services (IDHS). The AAP's 2002 recommended immunization schedule is included in Appendix 10. The current immunization schedule is also available on the AAP's website (refer to Topic HK-207.91 for website locations). Providers should annually update this section with the most current published guidelines.

A periodicity schedule is available in Appendix 9 as a guideline. Detailed information on the periodicity schedule for each screening service is found in the text for each service in this Handbook. The Department will pay for other screenings when medically necessary, regardless of a child's age or medical history.

HK- 203.11 HEALTH SCREENING

It is recommended that health screenings be provided to children, on a periodicity schedule based on acceptable medical practice standards, such as the schedule recommended by the AAP or the AAFP, or the following schedule provided by the Department as a minimum guideline (also found in Appendix 9).

- Under Age One: Birth
  2 weeks
  1 month
  2 months
  4 months
  6 months
  9 months
- One to Two: 12 months
  15 months
  18 months
- Two to Six: Annually
- Six to Twenty-one: Examinations every other year or more often if medically recommended or if following acceptable medical practice standards for recommended periodicity schedule, e.g., AAP or AAFP.

DCFS requires that children in their legal custody between the ages of two years and 21 years receive, at a minimum, annual health screenings.

Screening services must include all of the following components:

- A comprehensive health and developmental history (including assessment of physical health, mental health [including social, emotional and behavioral issues], development and nutrition);
- A comprehensive unclothed physical examination (Note: the comprehensive examination performed as part of the Preventive Medicine Evaluation and Management Service codes are further explained in the *Current Procedural Terminology* (CPT) reference book. In order to bill for these services, the guidelines set forth in the CPT reference book must be met and documented in the child's medical record);
- Appropriate immunizations based on age and health history and the correction of immunization deficiencies (according to the schedule established by the Advisory Committee on Immunization Practices [ACIP] for pediatric vaccines);
- Laboratory tests (including blood lead level assessment appropriate to age and risk); and
- Health education (including anticipatory guidance).

In addition, age appropriate vision and hearing screening; risk assessment (such as mental health and substance abuse screening), as appropriate; developmental screening and assessment as needed; and oral health screenings and referrals for dental care and other needed medical services should be performed.

HK- 203.12 INTERPERIODIC SCREENINGS

Interperiodic Screenings may be provided as medically necessary, or when required or mandated for: participation in school; enrollment in the Supplemental Food Program for Women, Infants and Children (WIC) (refer to Topic HK-207.5); admission to day care; placement in a licensed child welfare facility including foster home, group home or institution; attendance at camp; participation in a sports program; enrollment in an early childhood education program; required by the child's Individual Education Plan or Individual Family Service Plan, or at the request of the parent or guardian.

> Note: In order to receive reimbursement for an interperiodic screening using the CPT code under Preventive Medicine Services, all component parts of the well-child screening must be performed (comprehensive health and developmental history, comprehensive unclothed physical examination, appropriate immunizations, appropriate laboratory tests, anticipatory guidance). A provider may be reimbursed for an evaluation and management visit using the CPT code under Office or Other Outpatient Services, as appropriate, if all components comprising the well-child visit are not performed.

HK-203.13 HEALTH HISTORY

The comprehensive health history should be sufficient to enable the providers to:

- Obtain information about previous health care and health problems;
- Evaluate the risk for health problems;
- Obtain information about the child's academic performance, peer relationships and overall functioning within the community; and
- Obtain information about the eligible participant's family and social environment to understand particular need and provide appropriate care.

Information should be obtained from the eligible participant and parents or guardians who are familiar with the child's health history. Additional information and records should be acquired from health care professionals or organizations who have provided health care services to the eligible participant.

A complete written history is required during the initial health screening. Interval histories will be maintained for the period between subsequent screening visits by the participating provider for the child. As medically and age appropriate, the following topics should be included in the health history:

Current complaints	Medications taken and any adverse effects
Social, cultural	Allergies
Environmental	Immunizations
Family health history	Illnesses
Prenatal, birth, neonatal	Accidents
Development	Hospitalizations
Physical growth	Health habits
Fluoridation status	Communicable diseases
Oral health	Substance Abuse history
Nutritional screening	Adolescents: risk taking behaviors; the use or need for
Parental concerns	contraceptives, as applicable

HK-203.14 NUTRITIONAL ASSESSMENT

There is no one biochemical or physical measurement that will allow a positive statement of nutritional health. Instead, there are a number of measurements which collectively allow an estimate of such. Components of a nutritional assessment include the following:

- Health History.
- Dietary Evaluation - including record of food intake, diet history including questions to identify unusual dietary practices or eating habits (e.g. prolonged use of bottle feedings, eating non-food items, etc.) or food frequency to identify the frequency of consumption of foods grouped together based on their principal nutrient contribution; evaluation of breastfeeding.
- Anthropometric Measurements - length or height, weight and head circumference

measured and plotted on a standardized growth chart.
- Biochemical Measurements - screening test for iron deficiency (hemoglobin or hematocrit), cholesterol screening for children at risk, and lead screening.
- Clinical Evaluation - complete physical examination including an oral examination as covered in Topic HK-203.15. Special attention should be paid to such general features as apathy or irritability.

Follow-up is indicated for the children exhibiting the following:
- Dietary intake inadequate/inappropriate for age or physical condition including inappropriate feeding practices; evaluation of breastfeeding.
- Height less than the 5th percentile on a standardized growth chart (i.e. National Center for Health Statistics).
- Weight for age less than the 5th percentile on a standardized growth chart or change in percentile (up or down greater than 10%)
- Weight for height less than the 5th percentile or greater than the 95th percentile on a standardized growth chart or Body Mass Index (BMI) for age greater than 95th percentile.
- Diseases in which nutrition plays a key role such as early childhood caries, diabetes, allergies, metabolic disorders, and physical or mental disabilities affecting feeding.

Assess iron status during the following age ranges:

9 months to 12 months	2 years to 5 years
15 months to 18 months	Annually for menstruating females

Children should be tested at other times if clinically indicated.

HK-203.15 COMPREHENSIVE UNCLOTHED PHYSICAL EXAMINATION

The Healthy Kids physical examination:
- Evaluates the form, structure and function of particular body regions and systems;
- Determines if these regions and systems are normal for the child's age and background; and
- Discovers those diseases and health problems for which no standard screening test has been developed, including evidence of child abuse, neglect or both.

The unclothed physical examination serves as a general health evaluation and provides important information for other components of the well-child screening. It will include, but is not limited to, examination of:

- *Measurements* - vital signs, height, weight and head circumference. Measurements are to be plotted on a standardized growth chart, as appropriate. Height and weight should be measured at each visit. Head Circumference is measured at each screening visit until the child reaches 24 months of age. Children age three and above are recommended to have an annual blood

pressure screening.

- *General appearance* - body shape and proportions, gait and posture; skin evaluation (color, texture, rash, deformities, and birthmarks); hair and nails; speech pattern (vocalization and speech appropriate for age); orientation and mental alertness; parent and child interaction and behavior.

- *Head and Neck* - facial features and head shape; presence of lymphadenopathy; nose and throat evaluation: includes inspection of nasal mucous membranes; mouth, teeth, gums evaluation: palate, uvula, pharynx, dental ridge, oral membranes and dental caries.

- *Eyes and Ears* - eyelids, extraocular motion; conjunctiva, cornea, iris, and red reflex; examination of conjugate eye movements and pupillary reaction to light; external and otoscopic examination of ear canals and drums.

- *Cardiovascular* - palpation of the heart, auscultation for rate, rhythm, valvular sounds, murmurs; evaluation of peripheral vasculature and presence of edema.

- *Respiratory* - inspection and palpation of the chest: shape, symmetry, respiratory rate, rhythm, and effort; thoracic condition; chest movements; percussion, auscultation, and measurement of the chest.

- *Gastrointestinal* - palpation of organs and masses, hernias, tenderness.

- *Reproductive Systems and Breasts* - genitalia; inspection and palpation of breasts; Tanner Stage; testicular examination in males.

- *Nervous System* - neurological evaluation: including reflexes, gross/fine motor coordination.

C *Musculoskeletal* - scoliosis screen, muscle strength evaluation, evaluation of hips and gait, gross and fine motor coordination.

- *Lymphatic System* - including the lymph nodes, spleen, thymus and bone marrow. The superficial lymph nodes and the spleen are accessible for assessment by inspection and palpation. The most common causes of visible lymphatic activity are infection and neoplasms. Infection is the most common cause of lumps in children's necks.

- *Integument* - assessment of the skin should be an integral part of every health assessment. Many common pathologic disorders have associated integumentary disorders, for example, may contagious childhood diseases have associated characteristic rashes.

Health care providers should consider the age of the eligible participant when conducting the physical examination. Some of the inspections mentioned above are not appropriate at particular levels. Additionally, health care providers are mandated to report suspicious injuries or conditions to the:

Illinois Department of Children and Family Services
Child Abuse and Neglect Hotline
1-800-25-ABUSE

HK-203.2 APPROPRIATE IMMUNIZATIONS

Immunizations appropriate for a child's age and health history are required by the Healthy Kids Program. *The Recommended Childhood Immunization Schedule* is annually updated, as approved by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

The most current *Childhood Immunization Schedule* can be found at the National Immunization Program Home Page. Refer to Topic 207.91 for website locations. Additionally, the immunization schedule is published in the *Morbidity and Mortality Weekly Report* (*MMWR)* in January. Information can also be obtained by contacting the National Immunization Program Hotline:

1-800-232-2522 (English) or 1-800-232-0233 (Spanish)

A copy of the 2002 Childhood Immunization Schedule is found in Appendix 10. Appendix 10 should be updated each year, with the most current Immunization Schedule from the website(s). Refer to Topic HK-207.91, Resources and Referrals, for Website Locations.

HK-203.3 LABORATORY PROCEDURES

For more information about policy and procedures regarding laboratory services, refer to the appropriate handbook. The following laboratory procedures as appropriate for the individual's age and population group are recommended, as needed.

HK-203.31 LEAD TOXICITY SCREENING

Guidelines from the CDC define lead poisoning as a blood lead level greater than or equal to 10 mcg/dL (Oct.7, 1991). Federal mandates and Department policy recommend that **all children** enrolled in the Department's Medical Programs be considered at risk for lead poisoning, and receive a screening blood lead test at **12 and 24 months**. Children over the age of 24 months, up to 72 months of age, for

whom no record of a previous screening blood lead test exists, should also receive a screening blood lead test. **All children enrolled in the Department's Medical Programs are expected to receive a blood lead test regardless of where they live.** Children at highest risk should be screened on a regular basis. Children six years and older may also be screened, where medically indicated or appropriate.

The Department requires that lead screening be performed in compliance with the "Lead Poisoning Prevention Act," 410 ILCS 45/1 et seq., as amended, effective January 1, 1998. Refer to Topic HK-207.91 for website locations.

Medical follow-up shall be performed in accordance with guidelines and criteria set forth by the "Guidelines for the Detection and Management of Lead Poisoning for the Physicians and Health Care Providers," published by IDPH. Additional information regarding lead poisoning, copies of the guidelines or educational materials may be obtained by calling or faxing the request to:

Illinois Department of Public Health
Childhood Lead Poisoning Prevention Program
(2l7) 782-0403 phone
(217) 524-2831 fax

Refer to Topic HK-207.91 for website locations.

Capillary specimens may be utilized for screening purposes with the understanding that diagnostic blood lead levels must be measured using venous samples. Using a venous sample initially is highly recommended. Children who have capillary blood levels greater than or equal to 10 mcg/dL should have venous confirmation of these levels.

Diagnosis, Treatment and Follow-Up: If a child is found to have venous blood lead levels equal to or greater than 10 mcg/dL, providers are to follow the CDC and IDPH guidelines covering eligible participant management and treatment.

The IDPH Childhood Lead Poisoning Prevention Program has identified physicians willing to act as medical consultants on any issues related to screening, evaluation, diagnosis, clinical management or treatment of lead poisoning, or to discuss any unusual cases that pose problems for clinicians. To confer with a medical consultant, contact the IDPH Childhood Lead Poisoning Prevention Program.

The IDPH Childhood Lead Poisoning Prevention Program will provide educational materials for providers to distribute to families and perform case management services for children with high blood lead levels.

Reporting: The Illinois Lead Poisoning Prevention Act requires reporting by laboratories of all blood lead test results to the IDPH Childhood Lead Poisoning

Prevention Program. Physicians are required to report to the IDPH Childhood Lead Poisoning Prevention Program all results greater than or equal to 10 mcg/dL. If the physician uses the IDPH (State) laboratory for blood analysis (which is highly encouraged by the Department), physician reporting of elevated blood lead levels is waived as the results of the blood lead levels are already known to the IDPH Childhood Lead Poisoning Prevention Program. However, if the physician uses a private laboratory, the physician must report all results of 10 mcg/dL and above to the IDPH Childhood Lead Poisoning Prevention Program. Call:

Illinois Department of Public Health
Childhood Lead Poisoning Prevention Program
(2l7) 782-0403 phone
(217) 524-2831 fax

When reporting lead poisoning to IDPH, the child's Medicaid Recipient Number must be provided. The IDPH Childhood Lead Poisoning Prevention Program will ensure that children with elevated blood lead levels are referred to a certified local health department for public health nurse intervention. As a delegate agency of IDPH, the certified local health department, by the public health nurse, provides care coordination which may include follow up testing, referrals to other services, and further investigation.

Specimen Handling and Provider Feedback: Blood specimens for lead analysis should be sent to:

The Illinois Department of Public Health
Division of Laboratories
825 North Rutledge, P.O. Box 19435,
Springfield, Illinois, 62794-9435
(217) 782-6562

To obtain information on specimen pick-up services provided by IDPH, contact the IDPH State Laboratory, at the above phone number.

The IDPH laboratory will send lead results to the provider through the mail. Results will be faxed when the provider has requested it and a fax number has been provided. Results in situations which constitute a medical emergency will be made available by telephone. Alert the laboratory prior to submitting the specimen of the medical emergency.

Environmental Assessment to Determine the Source of Lead Exposure: In accordance with IDPH standards, children with elevated blood lead levels will be referred by IDPH to the certified local health department for an environmental assessment of the home to determine the source of lead. An environmental assessment will be conducted if:

- A child has a confirmed level at or above 25 mcg/dL. An environmental assessment is also recommended for a child with a confirmed level at or above 20 mcg/dL;
- A child has a rising level, defined as a first confirmed level of 15 mcg/dL or higher and a second result of at least 5 mcg/dL or higher than the first level;
- A child has three successive confirmed blood lead levels of 15-24 mcg/dL; or
- A child has a single confirmed blood lead level at or above 20 mcg/dL and the physician requests an inspection to determine if the child should be removed from the dwelling due to the lead hazard.

The public health nurse coordinates environmental investigations with the licensed lead inspector.

The Certified Local Health Department or IDPH will be reimbursed by the Department for the environmental assessment of the child's home (or primary residence), to determine the source of lead for children participating in the Department's Medical Programs. Reimbursement for this investigation is limited to a health professional's time and activities during the on-site investigation of a child's home. The testing of environmental substances, such as dust, water, soil, or paint is not covered by the Department, but sample analysis is performed by IDPH. The established procedure code for environmental assessment is: W7401.

HK-203.32 ANEMIA TEST

Centers for Disease Control staff developed new recommendations for use by primary health care providers to prevent, detect, and treat iron deficiency. Recommendations were published in MMWR, April 3, 1998, Vol. 47/No. RR-3, "Recommendations to Prevent and Control Iron Deficiency in the United States." CDC emphasizes iron nutrition for infants and young children, anemia screening for women of childbearing age, and the importance of low-dose iron supplementation for pregnant women.

Hemoglobin or Hematocrit testing is recommended for persons:

- Age 9 months to12 months
- 15 months to 18 months, as medically necessary
- Annually from ages 2-5 years, as medically necessary
- Annually for menstruating adolescents
- With a history of iron-deficiency anemia, or
- As often as medically indicated.

The most easily administered test for anemia is a microhematocrit determination from venous blood or a fingerstick.

HK-203.33 SICKLE CELL DISEASE, SICKLE CELL TRAIT AND HEMOGLOBINOPATHIES

All children born in Illinois hospitals on or after January 1,1989 are tested for Sickle Cell disease at birth. It is recommended that children who were born before 1989 also be tested. Children with abnormal results should be retested by the child's primary care physician or referred to a consultant. The following ethnic groups are more at risk for Sickle Cell disorders:

- African-American.
- Hispanics from Mexico, Caribbean Islands and Other South American countries.
- Natives of the Mediterranean Sea Coast countries and east Asia countries.

HK-203.34 TUBERCULOUS SCREENING

Tuberculosis screening is recommended to be done at the provider's discretion based on medical indication. AAP guidelines recommend the following children be considered for testing.

Children for whom immediate tuberculin skin testing is indicated:

- Children who have contact with persons who have confirmed or suspected infectious tuberculosis (contact investigation).
- Children with radiographic or clinical findings suggesting tuberculosis.
- Children immigrating from endemic countries (e.g. Asia, Middle East, Latin America).
- Children with travel histories to endemic countries/or significant contact with indigenous persons from such countries.

Children who are recommended to be tested annually for tuberculosis:

- Children infected with HIV.
- Adolescents with a history of incarceration.

Children who are recommended to be tested every 2-3 years:

- Children exposed to the following individuals: HIV infected; homeless; nursing homes residents; institutionalized adolescents or adults; users of illicit drugs; incarcerated adolescents or adults and migrant farm workers.

Children who are recommended to be considered for tuberculin skin testing at 4-6 years and 11-16 years:

- Children whose parents immigrated (with unknown tuberculin skin test status) from regions of the world with high prevalence of tuberculosis; continued potential exposure by travel to the endemic areas or household contact with persons from the endemic areas (with unknown tuberculin skin test status) is an indication for repeat tuberculin skin testing.
- Children without specific risk factors who reside in high-prevalence areas.

Risk for progression to disease:

- Children with other medical risk factors including diabetes mellitus, chronic renal failure, malnutrition, and other congenital or acquired immunodeficiencies - these persons are not at increased risk for acquiring tuberculosis infection, but underlying immune deficiencies associated with these conditions could enhance the possibility for progression to severe disease.

An initial Mantoux tuberculin skin test should be performed before initiation of immunosuppressive therapy in any child with an underlying condition that necessitates immunosuppressive therapy.

HK-203.35 CHOLESTEROL

The AAP endorses cholesterol screening for high-risk patients, per their statement, "Cholesterol in Childhood" (RE9805), January 1998. If the family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the provider. Refer to Topic HK-207.91 for website locations for information on the selective screening recommendations.

HK-203.36 URINALYSIS

The AAP recommends a urinalysis as part of continuing well-child care. The urinalysis should include at least a five-part dip stick (glucose, protein, pH, ketones, blood). Routine screening of urine in well children for asymptomatic urinary tract infections may also be considered by the provider.

HK-203.37 PAP SMEARS AND TESTS FOR SEXUALLY TRANSMITTED DISEASES

Pelvic examinations are recommended by the AAP for adolescent girls who have menstrual problems, or a history of maternal use of diethylstilbestrol, or who are sexually active. If sexually active, the AAP recommends a Papanicolaou smear, serologic test for syphilis; culture for gonococci, chlamydia; and microscopic examination of vaginal discharge. Eligible participants should be informed about all tests performed, given test results, and educated about sexually transmitted diseases.

HK-203.38 OTHER LABORATORY TESTS

Laboratory tests are performed as determined appropriate for individual age, sex, health history, clinical symptoms, at-risk behavior, exposure to disease and sexual practices, and anticipatory guidance provided about risk taking behavior.

HK-203.4 DEVELOPMENTAL MILESTONES

Appendix 2 provides a sample of the developmental milestones for screening purposes. Referral information is located in Topic HK-207.92, Other Related

Agencies and Referral Sources.

If the child does not appear to be progressing through basic developmental milestones as expected, it is recommended that monitoring become more vigilant, with further screening, assessment, and referrals, as appropriate (refer to Topic HK-207.6).

HK-203.5 DEVELOPMENTAL SCREENING AND ASSESSMENT

HK-203.51 COMPONENTS

Subjective developmental surveillance is performed at each well-child visit as part of the well-child examination, and is not a separate billable service. Developmental surveillance is the range of activities surrounding the examination of the child, adolescent and young adult to determine whether they fall within the typical range of achievement for their age group and cultural background. It should identify those children with significant differences in mental and physical development. Information from parents and others who know the child as well as personal observation are used to assess behaviors. Developmental surveillance should be culturally sensitive. Children should be referred for a comprehensive evaluation and services as an outcome of the well-child visit or as indicated by the results of an objective developmental screening tool. The following elements are recommended to be included in the developmental surveillance of children of all ages:

- Gross motor development, focusing on strength, balance, coordination and locomotion.
- Fine motor development, focusing on eye-hand coordination.
- Communication skills or language development, focusing on expression, comprehension and speech articulation.
- Self-help and self-care skills.
- Social-emotional development, focusing on the ability to engage in social interaction with other children/adolescents, parents and other adults.
- Cognitive skills, focusing on problem solving or reasoning.
- Parenting and family functioning.

For children under age six, providers are encouraged to administer an objective developmental screening tool (refer to Topic HK-203.52).

The following areas should be used for assessments of school-aged children:

- Visual-motor integration.
- Visual spatial organization.
- Visual sequential memory.
- Attention skills.
- Auditory processing skills.
- Auditory sequential memory.

- Potential presence of learning disability or problems with school performance.

The following areas should be used for assessments of adolescents:
- Potential presence of learning disabilities or problems with school.
- Peer relations.
- Psychological/psychiatric problems.
- Vocational skills.

HK-203.52 OBJECTIVE DEVELOPMENTAL SCREENING AND EVALUATION TOOLS

Providers are encouraged to follow the best practice of periodically using an objective developmental screening tool. Screening tools state their norms explicitly and can help to effectively monitor and record a child's development and detect developmental delays and disabilities early. Screening tools also serve as a reminder to providers to observe development and clearly communicate their interest in development as well as the physical health of the child.

An objective screening tool, approved by the Department, may be used to evaluate levels of:
- Social - emotional development
- Fine motor - adaptive development
- Language development
- Gross motor development

Objective developmental testing (limited or extended) must meet the definition provided by the American Medical Association's Current Procedural Terminology (CPT) and must be provided according to the guidelines provided for the instrument, including use of the instrument form, as applicable. If a parent or caregiver checklist is the screening instrument, the provider must interpret, document, and report the findings in the medical record in order to bill for the objective testing. For purposes of this Handbook, these testing instruments that are "limited" are referred to as **screening** tools. Those that are "extended" are referred to as **evaluation** tools.

HK-203.53 DEVELOPMENTAL SCREENING TOOLS

Screening tools for developmental testing; limited, with interpretation and report, CPT code 96110, approved by the Department include:
- Ages & Stages Questionnaires (ASQ)
- Ages & Stages Questionnaires: Social-Emotional (ASQ: SE)
- Battelle Developmental Screener
- Bayley Infant Neurodevelopment Screener
- Brief Infant Toddler Social and Emotional Assessment (BITSEA)
- Brigance Early Preschool
- Chicago Early Developmental Screening Inventory
- Denver DST/Denver II

- Developmental Profile II
- Dial-R Developmental Assessment
- Early Language Milestone Scales Screen
- Early Screening Inventory
- Early Screening Profiles
- Infant-Toddler Symptom Checklist
- Minneapolis Preschool Screening Instrument
- Parent's Evaluation of Development (PEDS)
- Project Memphis DST
- Revised Developmental Screening Inventory
- Revised Parent Developmental Questionnaire
- Temperament and Atypical Behavior Scale (TABS) Screener

= • Dial-3

HK-203.54 DEVELOPMENTAL EVALUATION TOOLS

Developmental evaluation is performed when results of screening indicate a more detailed evaluation is needed or when high risk conditions (e.g. prematurity) are present. Additionally, periodic objective screening is recommended for children under age six. Evaluation tools which are defined in the CPT as developmental testing; extended, with interpretation and report,(e.g., includes assessment of motor, language, social adaptive or cognitive functioning by standardized developmental instrument), CPT code 96111, that have been approved by the Department include:

- Battelle Developmental Inventory
- Bayley Scales of Infant Development
- Child Behavior Checklist 2-3 and Caregiver-Teacher Report Form, Ages 2-5
- Child Development Inventory
- Conners' Rating Scales
- Early Coping Inventory
- Erhardt Development Prehension Assessment
- Hawaii Early Learning Profile
- Infant-Toddler Developmental Assessment
- Infant-Toddler Social and Emotional Assessment (ITSEA)
- McCarthy Screening Test
- Otis-Lenon School Ability Test
- Piers-Harris Children's Self Concept Scale
- Temperament and Atypical Behavior Scale (TABS) Assessment Tool
- Vineland Adaptive Behavior Scales
- Vineland Social-Emotional Early Childhood Scales
- Vineland Social Maturity Scale

Reimbursement: In order to be reimbursed for using a screening or evaluation tool, providers must bill under the proper CPT code (see Topic HK-202.1 and Appendix 8 for billing procedures) and maintain the tool results in the child's medical file for auditing purposes.

Additional Developmental Tests - Providers may request additions to the list of developmental screening and evaluation tools recognized by the Department for payment. Requests must be submitted in writing to the Department's Healthy Kids Program. The Provider must document that a test meets the following criteria:

- Is listed in the Mental Measurement Yearbook Series;
- Is nationally distributed;
- Is formally validated; and
- Is individually administered.

HK-203.6 VISION AND HEARING SCREENINGS

If the provider does not perform the screening service, an appropriate referral should be made for the vision and hearing screening service and that referral should be recorded in the child's medical record. A copy of the screening results should be requested by the provider for inclusion in the medical record and appropriate follow-up and care coordination. To bill a separate objective screening CPT code, the vision and hearing screening criteria should be met.

HK- 203.61 VISION SCREENING

It is recommended that vision screening (subjective, by history) be completed for all infants and toddlers. Beginning at age three, an objective vision screening, using a standard testing method, is recommended annually for children between the ages of 3 through 6; and at 8, 10, 12, 15 and 18 years of age, according to the AAP's recommendations.

> The IDPH Child Vision and Hearing Test Act and **Vision Screening Rules** and Regulations state that vision screening services be administered annually to all pre-school children age three years (or older) in any public or private educational program or licensed child care facility; school age children who are in kindergarten, second and eighth grades; annually for children who are in all special education classes; and is recommended for children who are in grades 4, 6, 10 and 12.

For information relating to eye glasses, refer to Topic HK-207.3.

Guidelines:

The Department requires vision screening be conducted in accordance with guidelines established by the IDPH as found in Illinois Administrative Code, Title 77, Chapter I, Part 685, and summarized in part below.

Subjective vision screening shall be completed and recorded in the medical record for all infants and toddlers as a component part of the EPSDT screening and is not a

separate billable service. An objective vision screening is billable if it meets IDPH criteria. Beginning at age 3, objective vision screening shall occur according to the schedule above and more often if indicated by appearance, behavior or complaints.

DCFS requires that children in their legal custody have a vision screening annually beginning at age 3 years until the child reaches age 21 or is no longer in DCFS custody.

Vision Screening Procedures:

The objective of the Healthy Kids Vision Screening is to:

- Refer children who, either by screening or observation, need a professional eye examination or diagnosis and follow-up services or further evaluation for eye glasses.
- Identify children who have an eye defect and make appropriate referral for follow-up care.
- Provide anticipatory guidance to the parent or guardian relating to the child's vision and needs.
- Refer those children, whose vision is not sufficient to function in the normal setting (such as in school) for possible special services, e.g., special education.

Vision screening should be administered by nurses or technicians certified by the IDPH for the purpose of vision screening, or by a physician enrolled in the Illinois Medical Assistance Program. Non-physician personnel administering vision screening tests to preschool and school age children must be certified by the IDPH. Certification is awarded upon successful completion of specialized training in the use of vision screening instruments and in working with children.

Objective screening should follow procedures established by the IDPH. Each child, regardless of age or grade, is to be carefully observed to identify any problems.

Pre-school children (age 3-5)

Pre-school children are evaluated for visual acuity at distance only. The test is presented monocularly. Three and four year olds are screened using 20/40 symbol sizes as based on Snellen Notation. Five year olds are evaluated at the Snellen 20/30 symbol size.

Approved Vision Screening Instruments: The same type stereoscopic vision screening instrument used with other children (described below) can be used with pre-schoolers with the use of the Michigan Pre-school Slides (MPS) in either the 20/30 or 20/40 symbol size depending on the age of the child to be tested. Another instrument approved for pre-school testing is the Good-Lite Insta-Line HOTV test. Also, stereoscopic instrument screening using the HOTV test at far point is approved. As with the MPS slides, the 20/30 symbol size is used for five year old children and the

20/40 symbol size is used for three and four year old children.

Pre-school screening procedures shall be applicable to testing the difficult-to-test-child including the developmentally disabled, learning disabled, foreign speaking, hearing impaired, etc. In the event the child's condition is such that recommended screening procedures are not applicable, the child should be appropriately referred.

School-age children (grades 1-6)

Vision screening must evaluate the child's visual performance of visual acuity, hyperopia, and muscle balance (phoria). Visual acuity measures what a child sees with each eye at a distance. Hyperopia tests to determine whether or not a child has an excessive amount of farsightedness which may cause visual difficulty at the near point or reading distance. Muscle balance measures the use of the two eyes together.

Color vision screening is an optional test that should be given once during a child's school career. It is recommended that color screening be done at the second grade level.

Approved Vision Screening Instruments: Only the Massachusetts Battery is approved for screening of school-aged children grades 1-6. This group of slides must be used with a stereoscopic type vision screening instrument. The Titmus OV-7, Titmus II, and Stereo-Optic are examples of this type of equipment. The optional color test requires the Pediatric Color Deficiency (PCDF-1) slide. Visual acuity is screened at the 20/30 symbol size as based on Snellen Notation. Hyperopia is screened using Snellen 20/20 size symbols.

School-age children (grades 7-12)

The substitution of the BRL slide (both right and left) is acceptable beginning at grade 7. It is an alternative test which evaluates monocular acuity and binocular fusion. This test replaces the Massachusetts Battery and allows for an age appropriate substitute means of making the required evaluations. Visual acuity and fusion are screened using the 20/30 size symbols as based on Snellen Notation. The approved instrumentation remains the same as for the Massachusetts Battery. The required group of slides is changed.

Children Wearing Glasses or Contact Lenses

The screening battery for children wearing glasses and contact lenses should consist of observation; inspection of the lenses and frames; determination of the child's last vision test or visit. Instrument screening of children wearing glasses or contact lenses is not appropriate.

Vision Rescreening and Referral Guidelines:

Rescreening and referral standards are those which have been established by the Children's Vision Services Advisory Committee. The standards are presented in the vision screening training classes offered by the IDPH. Questions relating to vision screening may be directed to:

Illinois Department of Public Health, Vision and Hearing Section
(217) 782-4733

Pass/Fail and Referral Criteria:

School children shall be screened at the 20/30 line for visual acuity and the 20/20 line for hyperopia. Pass/Fail criteria shall refer to the initial screening test. Referral criteria shall refer to the rescreening test. The Pass/Fail and Referral Criteria are identical and are listed below:

School Aged Children

1. Phoria Near and Far
   a. For children in first grade, target alignment outside the defined area for both Near and Far modes shall constitute a failure.
   b. For children in second grade and above, target alignment outside a defined area for either Near or Far Modes shall constitute a failure.

2. Visual Acuity: The correct identification of less than four out of six of the monocular symbols constitutes a failure. (This criteria applies to both pre-school and school-age children in evaluating visual acuity).

3. Hyperopia: The correct identification of four or more of the six monocular symbols constitutes a failure. (This test is given with the application of corrective lenses. If the child is able to correctly identify four or more with corrective lenses, it is felt that the child may need corrective lenses.)

4. Optional Color Test: The correct identification of less than six of the eight binocular symbols constitutes a failure.

5. Optional BRL (Monocular Acuity/Binocular Fusion): The correct identification of less than four of the five symbols in any column of the monocular or binocular symbols on the BRL test constitutes a failure.

Preschool and Kindergarten grade children

1. Michigan Preschool Test: the correct identification of fewer than four of a maximum six presentations in each eye of the monocular symbols constitutes a failure.

2. HOTV (stereoscopic or distance screening): the correct identification of fewer than four of a maximum of six presentations in each eye of the monocular symbols constitutes a failure.

Referrals - Referrals for professional eye care are made after failure has been confirmed by rescreening. Criteria for failure of rescreening are the same as the criteria for failure of initial screening. Rescreening procedures are identical to initial screening and are recommended to be conducted following a 10-14 day delay.

HK-203.62 HEARING SCREENING

State law effective December 2002 requires all newborns receive an objective hearing screening, using a standard testing method, for identifying congenital hearing loss. A subjective screening is recommended as part of each well-child visit. An objective audiological screening of all children is encouraged to begin at age four. It is recommended that an objective audiological screening be conducted at an earlier age (for infants and toddlers) with certain high risk conditions.

Objective hearing screening, using a standard testing method, is recommended annually for children between the ages of 4 through 6, and at 8, 10, 12, 15, and 18 years of age, according to the AAP's recommendations.

> The IDPH Child Vision and Hearing Test Act and **Hearing Screening Rules** and Regulations state that hearing screening services be provided annually to all pre-school children age three years (or older) in any public or private educational program or licensed child care facility; annually for all school age children who are in grades k (kindergarten) through 3, annually for all children who are in special education classes, and recommended for school age children who are in grades 4, 6, 8,10 and 12.

At a well-child screening visit in which an objective hearing screening using a standard testing method does not occur, hearing should be screened subjectively and by history with the findings recorded in the child's medical record.

Guidelines:

The Department requires all hearing screenings be in compliance with guidelines established by the IDPH as found in the Illinois Administrative Code, Title 77, Chapter I, Part 675, and summarized in part below.

All newborns shall be screened prior to hospital discharge for congenital hearing loss. Beginning at age one for children at high risk of hearing problems, and at age four for all other children, hearing screening shall be performed according to the schedule above, or more often if indicated by appearance, behavior or complaints.

DCFS requires that all children in their legal custody receive a hearing screening annually beginning at age 3 years until the child reaches age 21 or is no longer in DCFS custody.

Hearing Screening Procedures:

The objective of the hearing screening is to:

- Refer children who either by screening or observation need a professional (medical or audiological) ear examination.
- Identify children who have correctable hearing loss who may be in need of medical intervention.
- Identify children who have non-correctable hearing loss and may be in need of amplification systems and make these children known to school personnel.
- Refer those children whose hearing is not sufficient to function in the typical educational setting for possible special education services.

Non-physician personnel administering hearing screening tests to children age three and above must be certified by IDPH or hold an Illinois Audiology License as issued by the Illinois Department of Professional Regulations.

Screening should include the following:

History - This should include questions which present a picture of the individual's ear and hearing history and speech development.

Sample Questions:

Ear history - Has your child ever had trouble with his ears? What kind of trouble? (Draining ears, ear infections, etc.). How often has this been noticed? When was the last time this occurred? How has this been treated?

Hearing history - Do you feel your child hears adequately? If no, what problems have you noticed, how long have you noticed a problem, are there times when you notice this more than other times?

Audiometric screening - Audiometric (hearing) screening shall follow procedures set forth in the training course for audiometric screeners provided by the IDPH. The screening procedure establishes the presence or absence of hearing sensitivity at defined levels and specific, pure-tone, discreet frequencies.

Instrumentation:
Pure-tone audiometers utilized for identification audiometry must comply with minimum specifications established by the American National Standards Institute as published in the American National Standard Specifications for Audiometers (ANSI 3.6 1996).

Pure-tone audiometers utilized for identification audiometry must undergo an electro-acoustic coupler calibration check a minimum of once per calendar year.

Method and Criteria for Referral:

A referral for medical or audiological evaluation is recommended after the child has failed a rescreening AND after the child has met referral criteria based on a threshold test. It is not recommended that a child be referred solely on the basis of a screening or rescreening test. Rescreening procedures are identical to the initial screening and should be conducted following a 10-14 day delay.

Procedures for screening, rescreening and threshold testing are presented in the hearing screening training classes offered by IDPH.

HK-203.7 DENTAL SCREENING

= At age two, it is recommended that children be referred to a dentist for routine and periodic preventive dental care. The Department encourages parents or guardians to obtain for their child(ren) one clinical oral examination and topical fluoride treatment per year, and routine prophylaxis once every six months.

An oral screening is part of the physical examination but does not replace referral to a dentist. For children under age one, the dental screening is to identify children who require evaluation by a dentist. Dental screening for children under age one may be provided as part of the physical examination. The following conditions will be cause for referral to a dentist:

- Any developmental abnormalities of the oral cavity
- Evidence of infection
- Bleeding or inflammation of the gums
- Dental decay
- Early childhood caries

Dental services include services for relief of pain and infections, restoration of teeth, dental sealants, prophylaxis, fluoride supplementation and maintenance of dental health including instruction in self-care oral hygiene procedures. Dental care for children is NOT limited to emergency services. For assistance in finding a dentist for referral, contact:

Doral Dental of Illinois
1-888-281-2076 (provider service)
1-888-286-2447 (customer service for clients and referrals)

HK-203.8 RISK ASSESSMENT

During a well-child health examination, youth who show signs or symptoms of mental or emotional problems, or indicate signs of substance abuse, should be screened using the *Mental Health Screening Instrument* or *Substance Abuse Screening Instrument*. *The Experience Questionnaire (EQ)* is another tool that may be used to identify the need for referral to substance abuse treatment and may be obtained from the:

Illinois Department of Human Services, Office of Substance Abuse
1-866-213-0548

= Additionally, the department recognizes the American Medicaid Association's Guidelines for Adolescent Preventive Services (GAPS) as an approved health risk assessment instrument. Reimbursement will be available for completion of either the Younger Adolescent Questionnaire or the Middle-Older Adolescent Questionnaire.

Parent(s) who indicate the need for mental health or substance abuse treatment services for themselves or their family members may also be referred. Coverage for services extends to eligible participants in the Department's Medical Programs.

= The *Mental Health Screening Instrument* is found in Appendix 3. The *Substance Abuse Screening Instrument* is found in Appendix 4. The *GAPS questionnaire*, as well as the *GAPS Recommendations Monograph*, is available on the AMA's Web site at <www.ama-assn.org>. For information regarding smoking cessation, refer to Topic HK-203.91.

= Providers performing the administration and interpretation of a health risk assessment instrument (CPT code 99420), other than those instruments specifically identified in this Healthy Kids Handbook, should request Department's approval for recognition of the instrument (refer to Topic HK- 203.54).

HK-203.9 ANTICIPATORY GUIDANCE

Health education is a required component of every well-child screening. It includes anticipatory guidance and is not a separate billable service. Health education provided to both parents or guardians and children is designed to assist them to understand what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention. Observation of parent or guardian and child interaction assists providers in identification of strengths, issues and potential risk factors which need to be taken into consideration for anticipatory guidance.

The recommended minimum topics to be covered by the provider's anticipatory guidance are listed in Appendix 1.

HK-203.91 SMOKING CESSATION

The Department began covering smoking cessation pharmaceuticals for Medical Assistance and KidCare participants effective January 1, 2000. The products covered include Nicotrol (tablets, inhalers, and nasal spray), Nicorette gum, Nicoderm CQ, and Zyban. The 'over-the-counter' equivalents of these products are also covered. The Department does not cover smoking cessation techniques such as hypnosis, acupuncture, herbal remedies, ear clips, or any other smoking cessation technique that does not fit a medical model.

To all providers: Smoking cessation information provided to children and adolescents or parent(s) and guardian(s) who smoke is recommended as part of anticipatory guidance. Anticipatory guidance is considered to be included in the office visit fee, refer to Appendix 1.

For more information regarding Smoking Cessation programs in your area, contact the local health department or call the toll free number:

1-866-QUIT YES (1-866-784-8937)

To MCO's: MCO's must cover these products for enrollees in a manner that is no more restrictive than this coverage under the fee-for-service program.

HK-203.10 OTHER SERVICES

Coverage is provided for other necessary health care, diagnostic services, treatment and other measures described in Section 1905(a) of the Act, to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services, including treatment for "preexisting" conditions. The medical services that are covered under EPSDT are identified in Chapter 100, Topic 103.1.

Prior approval may be required for some of the covered items or services. Services or items requiring prior approval are identified in Chapter 200 of the handbook that pertains to that type of service. Most physical, occupational and speech therapies do not require prior authorization for children and youth under age 21.

HK-204 NON-COVERED SERVICES

Services for which medical necessity is not clearly established are not covered in the Department's Medical Programs. Refer to Chapter 100, Topic 104, for a list of services and supplies for which payment will not be made.

The Department will not pay for a service that is offered free to patients who are not covered by Medical Assistance or KidCare **unless:**

1) the Maternal and Child Health (MCH), Title V Block Grant, pays the provider (in whole or in part) for that service. The MCH Title V Block Grant supports certain services for children from families with an annual income less than 300% of the federal poverty level ($50,100 for a family of 4). Certified Local Health Departments and other public health agencies generally receive those grant dollars. IDHS administers the MCH Title V Block Grant, or

2) the service is provided pursuant to an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) as set forth under the Individuals with Disabilities Act (IDEA), under the School Based Health Services Program. Their website is located at: http://www.state.il.us/dpa/html/sbhs.htm

For general policy and procedures relative to billing requirements, refer to the appropriate Chapter 200 for the specific provider or service type.

HK-205 RECORD REQUIREMENTS

Refer to Chapter 100, Topic 110 for record requirements applicable to all providers. Providers must maintain an office record for each patient. In group practices, partnerships, and other shared practices, one record is to be kept with chronological entries by the individual practitioner rendering services.

The record maintained by each provider is to include the essential details of the patient's condition and of each service provided. Any services provided to a patient by the provider outside the office are to be documented in the medical record maintained in the provider's office. All entries must include the date and must be legible and in English. Records which are unsuitable because of illegibility or because they are written in a language other than English may result in sanctions if an audit is conducted.

Medical records for EPSDT services must include the following, where applicable:

- Personal health, social history and family history
- Diagnostic and therapeutic orders, including medications lists
- Clinical observations, including results of treatment
- Reports of procedures, tests and results, including findings and clinical impression from screenings or assessments
- Diagnostic impressions
- Immunization records
- Allergy history
- Periodic examination record
- Growth chart
- Referral information, if any
- Health education/anticipatory guidance
- Relevant history of current illness or injury, if any, and physical findings
- Nutritional assessment
- Hospital admission and discharge, if any
- Family planning services, if any

All services provided must be documented in the permanent medical record. The medical record must support the managed care encounter data or fee-for-service claim.

For children with chronic diseases, the provider must develop and use treatment plans that are tailored to the individual child. The plan includes appropriate ongoing treatment reflecting the prevailing community standards of medical care designed to minimize further deterioration or complications of the child's health. Treatment plans should be on file with the permanent record for each child with a chronic disease.

The Department and its professional advisors regard the preparation and maintenance of adequate medical records as essential for the delivery of quality medical care. In addition, providers should be aware that medical records are a key document for post payment audits and quality of care reviews.

In the absence of proper and complete medical records, no medical payments will be made and payments previously made will be reduced.

Certified Local Health Departments' and public health clinics' use of *Cornerstone* as the medical record:

Providers must maintain a complete, accurate and dated medical record of all services (including the component parts of an EPSDT examination) provided. The record can be on paper or electronic. The record is subject to a quality of care review by the Department or its agent. The use of the IDHS' *Cornerstone* documentation system qualifies as an acceptable method for EPSDT documentation by the Certified Local Health Department (or other public health provider) when the appropriate data fields are completed and the information clearly supports the claim. The following *Cornerstone* screens, as appropriate, may be used for the physical examination, health history and screenings:

708 1 - 10	Family History
708 11 - 26	Vision and Hearing Assessment
708 31 - 52	Physical Examination
708 53 - 58	Mental Health/Substance Abuse Assessment
708 59 - 69	Laboratory Test
708 70 - 80	Lead Assessment
708 81 - 92	Nutritional Assessment
708 93 - 97	Oral Health Assessment
708 A - R	Age Appropriate Anticipatory Guidance
CM04	Case Notes
PA09	Infant Child Health Visit may also be used for documentation
PA12 , PA23	Immunization Entry Screens
PA13	Immunization History
PA14	Future Immunizations

If *Cornerstone* is being used for documentation for EPSDT, there must be:

- A case note indicating an EPSDT exam was completed, the findings of the exam, any referrals made, and the name of the person who conducted the examination.
- A completed growth chart that is stored in the child's chart.
- Documentation of abnormal findings that are reported to the child's medical provider or the local health department medical director for follow-up.
- Documentation of appropriate referrals.

The following *Cornerstone* assessments are part of the EPSDT examination, and are used to indicate if further objective screening tests are needed. If the certified local health department bills IDPA for an objective vision and hearing screening, a developmental assessment, or an oral health screening, additional documentation (which is not in *Cornerstone*) is needed to record these services, the findings and validate billing.

708 11-26 - Vision and Hearing Assessment are NOT adequate documentation to bill the Department. Separate objective vision and hearing testing must be conducted and appropriately documented that they were performed in accordance with the guidelines of this handbook.

708 27-30 - Developmental Assessment is a place to document findings and is NOT an approved developmental screening tool for separate billing to the Department. To bill for a developmental assessment, an approved developmental screening tool must also be completed and documented in the child's record. If such an objective Developmental Screening Tool is utilized, with findings analyzed and documented in the child's medical record, it is a separate billable service.

708 93-97 - Oral Health Assessment is NOT a dental service and cannot be billed as such. Consult *Office Reference Manual* for dental services that can be billed to the Department.

Child Health Profiles - The Department makes available to enrolled providers a facsimile copy of any child health profile requested via the *Provider Eligibility Inquiry Hotline*. Those profiles include paid claims or managed care encounter information related to preventive child health services (e.g., office visits, immunizations, lead screening). The information provided includes the date of service, description of service(s), and the provider's name. The requesting provider may then obtain a copy of the medical record from the previous treating provider(s) with proper participant consent. The *Provider Eligibility Inquiry Hotline* also will provide enrolled providers with eligibility information so that the provider can determine coverage. Requests for *Child Health Profiles* can be sent to the Department via faxed request:

Provider Eligibility Inquiry Hotline's Child Health Profiles
1-800-842-1461 phone 217-557-4567 fax

HK-206 CERTIFIED LOCAL HEALTH DEPARTMENTS

HK-206.1 STANDING PROTOCOLS

The Department recognizes that certain Healthy Kids screening services may be performed by certified local health department qualified medical staff. Such services may include, but are not limited to: comprehensive health examination; developmental assessment; hearing screening; vision screening; laboratory services (in compliance with CLIA certification); lead screening; childhood immunizations and anticipatory guidance/health education.

Within their allowed scope of their practice, the Department recognizes that registered nurses (RNs) at certified local health departments who have successfully completed the IDHS Pediatric Assessment Course, including clinical practicum (or a similar course approved by IDHS and the certified local health department's medical director), may perform well-child physical examinations in the clinic as defined by the certified local health department's policy, and in compliance with the Department's screening requirements.

Standing orders for RNs performing well-child examinations at the certified local health department must be in place and must clearly identify their scope of service(s); the names and titles of all individuals performing the service(s) and the authorizing physician responsible for the medical care provided. All services provided must be appropriately documented in the child's medical record. All abnormal findings will be reported to the child's medical provider, per agency's written policy, and appropriate follow-up will occur. The authorizing physician/medical director must sign and date the standing orders. The standing orders will include orders for specific laboratory tests, screenings, assessments and immunizations, and appropriate referral and follow-up care.

HK-207 OTHER RELATED AGENCIES AND REFERRAL SOURCES

HK-207.1 TRANSPORTATION ASSISTANCE

Transportation of an eligible participant and if necessary, an attendant, to and from a source of medically necessary care is a covered service when a cost-free mode of transportation is not available or is not appropriate. A **non-employee attendant** is a family member or other individual who may accompany the participant when there is a medical need for an attendant. An **employee attendant** is a person, other than the driver, who is an employee of a Medicar company. An **employee attendant** is a covered service when the mode of transportation is a **Medicar** and the circumstances constitute a medical necessity. Transportation to and from a source of medically necessary care requires prior approval. Prior approval is not needed for emergency medical transportation.

The Department is currently moving toward a statewide implementation of the Non-Emergency Transportation Prior Approval Program (NETSPAP). This program will require non-emergency transportation for an eligible participant with the Department's Medical Programs to be prior approved by the Department's agent, DynTek Services, Inc. (DynTek).

Transportation requests for Cook County residents must be made to:

DynTek Services, Inc.
(877) 725-0569, TTY (800) 526-0844,or fax (312) 327-3854

Requests for participants residing outside of Cook County should be directed to the participant's Department of Human Services local office.

EXCEPTION: For approval of routine transportation for KidCare Share and Premium participants residing outside of Cook County, contact the Department of Public Aid Central KidCare Unit at (877) 805-5312. These cases can be identified by the yellow KidCare Identification card.

If the **child is enrolled in an MCO** under contract with the Department, that MCO is required to approve, arrange and reimburse for the transportation to and from the source of medical care, if needed by its member. Prior approval from the MCO is not needed for emergency medical transportation.

Special procedures are used to approve non-emergency medical transportation for **children who are in the care and custody of DCFS**. Only DCFS medical liaisons may make non-emergency medical transportation arrangements for DCFS wards. For questions regarding non-emergency medical transportation for a DCFS ward,

contact the child's DCFS caseworker or DCFS at 1-800-228-6533.

HK-207.2 VACCINES FOR CHILDREN PLUS PROGRAM

The Omnibus Budget Reconciliation Act (OBRA) created the Vaccines for Children (VFC) program as Section 1928 of the Social Security Act in August 1993, to ensure that children from low-income families receive immunization services. The VFC Program:

- Provides state purchased vaccine, for eligible children, at no charge to public and private providers.
- Covers vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).
- Saves enrolled providers out-of-pocket expenses for vaccine purchases.
- Reduces the practice of referring children from the private sector to the public sector for vaccination, keeping children in their "medical home" for comprehensive health care.

This program is a federally-funded, state operated program. In Illinois, the VFC Program is known as the "VFC Plus Program". The population covered under the VFC Plus Program include children who meet at least one of the following criteria:

- Receiving Medical Assistance or KidCare;
- Without health insurance;
- With health insurance that does not cover immunizations; or
- American Indian or Alaska Native.

Providers may not charge for the cost of the childhood vaccine provided by the VFC Plus Program. The provider may charge the Department for the administration of the vaccine to program participants. For those providers enrolled in the VFC Plus program, IDPH will provide the supply of vaccines to the provider. The amount charged to the Department for the administration of the vaccine should be the provider's usual and customary fee for administration of the vaccine (refer to Topic HK-202, Billing).

Participation in the VFC Plus Program requires that the provider complete a Provider Enrollment Form and a Provider Profile Form. An enrollment packet can be requested by calling:

The Illinois Department of Public Health
Vaccines For Children Plus Program
1-800-526-4372 or (217) 785-1455

Once the provider is enrolled and has completed the Provider Profile Form, IDPH will send the provider a three-month supply of vaccines. Each quarter the provider will be required to fill out an Accountability Form and a Vaccine Order Form to receive

additional vaccines.

In Chicago:

Participation in the VFC Plus Program for Chicago providers occurs through the Chicago VFC Plus Program. Call: (312) 746-5940.

Immunization Registry: The Department is able to provide via fax to the child's Medicaid enrolled provider, immunization history information that is available on the Child Health Profile. The "Child Health Profile" contains information on the child's immunizations that were paid by the Department or reported through encounter data, by the child's MCO. Illinois Department of Human Services' *Cornerstone* system tracks immunizations and other services provided by the public health system. IDPH's *TOTS (Tracking Our Toddlers Shots),* is available to private providers for tracking immunizations. The Department strongly encourages providers to participate in Illinois' Immunization Registry. Contact IDPH for more information (refer to Topic HK 207.91).

HK-207.3 EYE CARE - GLASSES

All lenses and frames are obtained by the Department from the Illinois Department of Corrections/Illinois Correctional Industries (IDOC/ICI) laboratory at Dixon Correctional Facility. The Optical Prescription Order (OPO), Form DPA 2803, is to be used to order lenses, frames, or both. The OPO is to be attached to the back of the Provider Invoice Form DPA 1443 and submitted to the Department in the usual manner for claim submittals. The Provider Invoice will show charges only for the examination and the dispensing fee, not lenses and frames. The eyeglasses will be mailed by IDOC/ICI directly to the ordering provider. Reimbursement for the lenses and frames will be made by the Department directly to IDOC/ICI. For additional instructions, consult the Handbook for Optometrists, 0-200.

HK-207.4 FAMILY CASE MANAGEMENT

All women known to the Department as being pregnant and infants who are enrolled in the Department's Medical Programs, are referred to IDHS for family case management services. The Department transmits the names of participants to *Cornerstone*, IDHS' tracking system designed to track maternal and child health services provided by or through their provider networks. Additionally, family case management services may be provided to older children based on need and availability of funding.

IDHS has contracts with the following types of organizations to provide family case management services:

- Local Health Departments
- Federally Qualified Health Centers
- Local community-based agencies in Cook County

Case management services are also provided to:
- High-risk infants up to age two who are identified through the Illinois Department of Public Health's Adverse Pregnancy Outcome Reporting System (APORS);
- All wards of the Illinois Department of Children and Family Services (DCFS) for the first 45 days after DCFS receives temporary custody;
- Ongoing for DCFS wards from birth to age five and children of parenting DCFS wards from birth to age 5; and
- Older children identified as high risk.

Case managers are responsible for:
- Providing face to face services and ongoing assistance to families to remove barriers to receiving ongoing preventive health care services; and
- Providing education about the importance of child health including appropriate immunizations and screenings.

Providers are encouraged to work closely with Family Case Management staff to assist clients in receiving needed services. For more information about the *Family Case Management Program*, contact IDHS at 217-785-5900.

HK-207.5 SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

WIC, administered by IDHS, seeks to improve the health status of women, infants and children; to reduce the incidence of infant mortality, premature births and low birth weight; and to aid in the development of children. The WIC target population are low-income, nutritionally at risk:
- Pregnant women (through pregnancy and up to six weeks after birth or after pregnancy ends);
- Breastfeeding women (up to infant's first birthday);
- Nonbreastfeeding postpartum women (up to six months after the birth of an infant or after pregnancy ends);
- Infants (up to their first birthday); and
- Children up to their fifth birthday.

WIC coordinates services with other community maternal, prenatal and child health care services for the targeted high risk population. It is a prevention program designed to influence lifetime nutrition and health behaviors. Nearly one out of every three infants born in Illinois receive WIC services.

Providers are encouraged to refer patients included in the targeted population for WIC evaluation. For more information about the nearest WIC clinic, call:

Illinois Department of Human Services
Help Me Grow/Future for Kids Help Line, at 1-800-323-GROW (4769)

An office visit may not be billed to the Department's Medical Programs if the purpose of the visit is WIC certification. The WIC program provides reimbursement for WIC related nutritional services, including the certification visit for WIC. However, any component part of the well-child screening that is performed during the WIC certification visit,(e.g., an immunization(s), laboratory tests, lead screening,) may be billed to the Department.

HK-207.6 EARLY INTERVENTION SERVICES

IDHS serves as the lead agency to implement the Early Intervention Services System. Early Intervention (EI) is for children under 36 months of age who have disabilities, delays or are at a substantial risk of delays. Early Intervention services are defined by the Illinois Early Intervention Services System Act and Rule 500. Children eligible for EI services are experiencing delays in at least one of these areas: cognitive development; physical development, including vision and hearing; language and speech development; pyschosocial development; or self-help skills. Children diagnosed with a physical or mental condition with a high probability of resulting in developmental delays are also eligible.

Families access the Illinois Early Intervention Services System through the Child and Family Connections (CFC) office which serves their local area. Twenty-five sites are operational throughout the state. These regional offices provide service coordination, assist with eligibility determination and coordinate the development of the initial and annual Individualized Family Service Plans (IFSP) which list EI services needed by the child and family, including transportation for those services identified in the child's IFSP. Under Part C of the Individuals With Disabilities Education Act **health care providers are required to make a referral to Early Intervention within two working days** after a child has been identified with a disability or possible developmental delay.

To obtain resource information for the nearest CFC office refer to Appendix 5 or contact:

Illinois Department of Human Services
Help Me Grow/Future for Kids Help Line, at 1-800-323-GROW (4769), or
The Bureau of Early Intervention, at 217-782-1981

Information about intervention services for children who are age three and over can be accessed through contacting the child's local school district office, or:

Illinois State Board of Education
Division of Early Childhood, at (217) 524-4835

HK-207.7 REHABILITATION SERVICES

Throughout the State, services are available to families of youth with disabilities through the IDHS, Office of Rehabilitation Services. Phone numbers for specific programs can be found in Appendix 6. For general information, contact:

Illinois Department of Human Services
1-800-843-6154

HK-207.8 DIVISION OF SPECIALIZED CARE FOR CHILDREN (DSCC)

DSCC's mission focuses on public service, education and research as a basis to provide, promote and coordinate family-centered, community-based, culturally competent care for eligible children with special health care needs in Illinois.

The Core Program is the major focus of DSCC and offers care coordination and cost-supported diagnosis and treatment for children with chronic health impairments determined eligible for program support.

A child must have a treatable chronic medical condition in one of the following categories to be 'medically eligible' for services:

- Orthopedic conditions (bone, muscle, joint disease)
- Heart defects
- Hearing loss
- Neurological conditions (nerve, brain, spinal cord)
- Certain birth defects
- Disfiguring defects such as cleft lip, cleft palate, and severe burn scars
- Speech conditions which need medical/dental treatment
- Certain chronic conditions such as Hemophilia and Cystic Fibrosis
- Certain inborn metabolic problems including PKU, Galactosemia, and congenital hypothyroidism
- Eye impairments including cataracts, glaucoma, strabismus and certain retinal conditions - excluding isolated refractive errors
- Urinary system impairments (kidney, ureter, bladder)

The Home Care Program offers coordination and support for in-home medical care of technology-dependent children who would otherwise have to remain in a hospital or skilled nursing facility. DSCC operates this waiver program on behalf of IDPA.

The Children's Habilitation Clinic, formally known as the Center for Handicapped Children, was renamed in August 1999 to reflect a focus on rehabilitative management for children with disabilities. The Clinic collaborates with other specialists and primary care provider within the Children and Adolescent Section of the Out-Patient Center at the University of Illinois at Chicago. The Clinic provides comprehensive diagnostic services to children with complex disabling conditions and provides ongoing rehabilitation and developmental management to those children up to age 21.

The Supplemental Security Income - Disabled Children's Program is administered by DSCC to provide rehabilitative services to children under 16 years of age who are eligible for the Supplemental Security Income (SSI) program. DSCC provides information about and referral to community resources, including referrals to Early Intervention or preschool programs when appropriate, and DSCC Core services as described above.

Application forms are available on the DSCC website, refer to HK-207.91 for website locations.

For general information about DSCC, contact:

University of Illinois, Division of Specialized Care for Children (DSCC)
1-800-322-3722 or 217-793-2350
www.uic.edu/hsc/dscc/

For information on DSCC's 13 Regional Offices, refer to Appendix 7.

HK-207.9 REFERENCED RESOURCES AND REFERRALS

HK-207.91 WEBSITE LOCATIONS

American Academy of Pediatrics(AAP)	http://www.aap.org
Illinois Chapter (AAP)	http://www.illinoisaap.org
American Academy of Family Physicians	http://www.aafp.org
Illinois Chapter (IAFP)	http://www.iafp.org
Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov/nip
Childhood Immunization Schedule (most current)	http://www.cdc.gov/nip or http://www.aap.org or http://www.idph.state.il.us
Division of Specialized Care for Children	http://www.uic.edu/hsc/dscc/
Headstart Program	http://www.ilheadstart.org
Illinois Department of Public Aid	http://www.state.il.us/dpa
Provider Handbooks (when available)	http://www.state.il.us/dpa/handbooks.htm
School Based Health Service Program	http://www.state.il.us/dpa/html/sbhs.htm
Illinois Department of Human Services	
Early Intervention	http://www.state.il.us/agency/dhs/eisnp.html
Provider Connections (Credentialing and Enrollment)	http://www.wiu.edu/users/mimppc/providerconnections/
Illinois Department of Public Health	http://www.idph.state.il.us
Immunization Action Coalition	http://www.immunize.org
Lead Poisoning Prevention Act	http://www.legis.state.il.us/ilcs/ch410/ch410act45.htm
Selected Screening Recommendation	http://www.aap.org/policy

HK-207.92 OTHER REFERRAL INFORMATION - PHONE NUMBERS

Illinois Department of Public Aid Resources

Automated Voice Response System (AVRS) Provider Eligibility Inquiry Hotline	1-800-842-1461
Child Health Profile	(217)557-4567 (fax)
Bureau of Comprehensive Health Services	(217)782-5565

Provider Participation Unit Post Office Box 19114 Springfield, Illinois 62704-0538	(217) 782-0258 (217) 524-7232 (fax)
KidCare Health Benefits Hotline	1-866-4-OUR-KIDS (1-866-468-7543)

Department Contracted Vendors

Doral Dental of Illinois	1-888-281-2076 (provider service) or 1-888-286-2447 (customer service for clients/referrals)
DynTek (Transportation contractor)	1-877-725-0569 1-800-526-0844 (TTY)

Other State Agency Resources

Illinois Department of Children and Family Services	
Child Abuse and Neglect Hotline	1-800-25-ABUSE
Medical Hotline	1-800-228-6533
Advocacy Office for Children and Families	1-800-232-3798
Illinois Department of Human Services	1-800-843-6154
Illinois Department of Human Services Family Case Management Program	(217)-785-5900
Illinois Department of Human Services Help Me Grow/Future for Kids Help Line	1-800-323-GROW (4769)
Illinois Department of Human Services Office of Alcoholism and Substance Abuse 100 West Randolph Chicago, Illinois 60601	1-866-213-0548
Illinois Department of Human Services The Bureau of Early Intervention Provider Connections (Credentialing/Enrollment)	(217)782-1981 1-800-701-0995
Illinois Department of Public Health Childhood Lead Poisoning Prevention Program	(2l7) 782-0403 (217) 524-2831 (fax)
Illinois Department of Public Health Division of Vision and Hearing	(217) 782-4733
Illinois Department of Public Health Division of Laboratories 825 North Rutledge, P.O. Box 19435, Springfield, Illinois, 62794-9435	(217) 782-6562
Illinois Department of Public Health Smoking Cessation	1-866-QUIT YES (1-866-784-8937)

Illinois Department of Public Health Vaccines For Children Plus Program Chicago VFC+ Program	1-800-526-4372 or (217) 785-1455 (312) 746-5940
Illinois State Board of Education Division of Early Childhood	(217) 524-4835
National Immunization Hotline Program	1-800-232-2522 or 1-800-232-0233 (English) (Spanish)
Network of Child Care Resources and Referrals	1-877-202-4453
The Division of Specialized Care for Children (DSCC): University of Illinois	1-800-322-3722, or (217)793-2350